

CARCs and RARCs CHANGE LOG

The following changes were incorporated into the MassHealth CARC/RARC list dated 05/01/2018 (based upon the February 1, 2018 CAQH Core Code Combination change log)

EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUSTMENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
7115	PROVIDER LOCATION RESTRICTION FOR BILLED PROCEDURE	CARC HAS BEEN MODIFIED.	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID/INAPPROPRIATE PLACE OF SERVICE.	5	THE PROCEDURE CODE/ TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF SERVICE.	N/A	N/A
8129	PHARMACY PLACE OF SERVICE 01 NOT ALLOWED	CARC HAS BEEN MODIFIED.	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	5	THE PROCEDURE CODE/ TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF SERVICE.	N/A	N/A
1149	PA# NOT ON FILE	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3001	PA NOT FOUND ON DATABASE	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3002	NDC REQUIRES PA	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3003	PROCEDURE CODE REQUIRES PA	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3004	INVALID PA/PASNUMBER	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3005	INVALID PA/PAS NUMBER	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3009	PA/PAS NUMBER NOT ON THE DATABASE	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3026	PAS NOT FOUND ON DATABASE	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3027	INVALID PAS NUMBER	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3031	PROVIDER ID FOR CLAIM AND PA/PAS DO NOT MATCH	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.

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EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUST MENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUST MENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
3032	PAS IS REQUIRED	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3033	PA/PAS IS NOT READY	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3038	PAS NOT REVIEWED BY PRO	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3041	MEMBER# OR PROV# ON CLAIM AND PA MISMATCH	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3103	PROCEDURE NOT ON PA	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3104	REVENUE CODE / PA CONFLICT	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3111	PRIOR AUTH PROCEDURE/MODIFIER MISMATCH	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3120	REFERRAL REQUIRED ON CLAIM	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
3121	REFERRAL NUMBER INVALID	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
5071	PA IS REQUIRED FOR BASIC MEMBERS	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
7106	PA TRANSACTION SUSPENDED	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.
7730	FINAL EDIT - RECYCLE PA/PAS NOT READY	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVAL ID TREATMENT AUTHORIZATION CODE.

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8003	PA IS REQUIRED FOR BASIC MEMBERS	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45-	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8090	PA REQUIRED FOR MOBILITY REPAIR OVER \$1,000	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45-	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8096	ORTHOTIC LABOR AND REPAIR CODES REQUIRE PA IF OVER \$1000.00 PER MONTH	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45-	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8097	PROSTHETIC LABOR AND REPAIR CODES REQUIRE PA IF OVER \$1000.00 PER MONTH	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45-	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8153	PA REQUIRED FOR LAB CODES 80100-80101 OVER 8 UNITS	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45-	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8303	PA REQUIRED FOR EQUIPMENT REPAIR OVER \$1,000	PREVIOUS CARC CODE HAS BEEN REMOVED. NEW CARC/RARC CODES ASSIGNED. NEW CARC (16) HAS BEEN MODIFIED.	45-	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
0201	BILLING PROVIDER ID NUMBER MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0202	BILLING PROVIDER ID IN INVALID FORMAT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0204	HOSPITAL DISCHARGE DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0205	PRESCRIBING PRACTITIONERS LICENSE NO. MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0208	PREGNANCY INDICATOR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0211	REFILL INDICATOR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0212	PRESCRIPTION NUMBER IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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0213	DATE PRESCRIBED IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0214	DATE PRESCRIBED IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0215	DATE DISPENSED IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0216	DATE DISPENSED IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0217	NDC MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0218	NDC INVALID FORMAT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0219	QUANTITY DISPENSED IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0220	QUANTITY DISPENSED IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0221	DAYS SUPPLY MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0222	DAYS SUPPLY INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0223	PROC CODE REQUIRES DIAGNOSIS CODE, NONE FOUND ON CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0224	DIAGNOSIS TREATMENT INDICATOR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0225	MISSING PRESCRIBING PROVIDER NUMBER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0226	REFERRAL PROV ID REQUIRED FOR PROCEDURE GROUP	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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0227	THIRD PARTY PAYMENT AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0228	BILLING PROVIDER SIGNATURE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA70	MISSING/INCOMPLETE/INVALID PROVIDER REPRESENTATIVE SIGNATURE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0229	SOURCE OF ADMISSION MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA42	MISSING/INCOMPLETE/INVALID ADMISSION SOURCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0231	RENDERING PROVIDER NUMBER IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0233	UNITS OF SERVICE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0234	PROCEDURE CODE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0236	DETAIL DOS DIFFERENT THAN THE HEADER DOS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0237	OUTPATIENT CLAIMS CANNOT SPAN DATES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0238	MEMBER NAME IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0239	THE DETAIL "TO" DATE OF SERVICE IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0240	THE DETAIL "TO" DATE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0242	SECONDARY DIAGNOSIS CODE INVALID FORMAT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0243	MISSING MEDICARE PAID DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0244	THIRD DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

The following changes were incorporated into the MassHealth CARC/RARC list dated 05/01/2018 (based upon the February 1, 2018 CAQH Core Code Combination change log)

EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUSTMENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
0245	MISSING OCCURRENCE CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0246	FOURTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0248	PLACE OF SERVICE IS MISSING OR BLANK	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0249	PLACE OF SERVICE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0254	BILLING PROVIDER LOCATION CODE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0255	BILLING PROVIDER LOCATION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0256	MISSING MEDICARE PAID DATE - DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0257	PLACE OF SERVICE IS INVALID - DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0258	PRIMARY DIAGNOSIS CODE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0259	DATE BILLED IS MISSING/INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0260	UNITS OF SERVICE NOT IN VALID FORMAT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0261	TOOTH NUMBER MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0262	TOOTH NUMBER INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0263	TOOTH SURFACE CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0264	DETAIL FROM DATE OF SERVICE IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0265	DETAIL FROM DATE OF SERVICE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0266	INSUFFICIENT NUMBER OF VALID TOOTH SURFACE CODES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0268	BILLED AMOUNT MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0269	DETAIL BILLED AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0270	HEADER TOTAL BILLED AMOUNT MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0271	HEADER TOTAL BILLED AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0272	PRIMARY DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0273	TYPE OF BILL MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0274	TYPE OF BILL CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0275	ADMIT DATE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0276	ADMIT DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0277	ADMIT HOUR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N46	MISSING/INCOMPLETE/INVALID ADMISSION HOUR.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0278	ADMIT TYPE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0279	INVALID TYPE OF ADMISSION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0280	PATIENT STATUS IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0281	PATIENT STATUS IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0282	COVERED DAYS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0283	COVERED DAYS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0284	PRIMARY CONDITION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0285	SECOND CONDITON CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0286	THIRD CONDITION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0287	FOURTH CONDITION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0288	FIFTH CONDITION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0289	SIXTH CONDITION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0290	SEVENTH CONDITION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0291	REVENUE CODE 183 REQUIRES OSC = 74	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M46	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0292	REVENUE CODE 185 REQUIRES OSC = 71	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0301	301 PAYER RESPONSIBLTY/OTHER PAYER COUNT MISMATCH	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0302	INSURED GROUP NAME (HSN TYPE) IS MISSING OR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0303	DESTINATION PAYER ID MUST BE 995	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M56	MISSING/INCOMPLETE/INVALID PAYER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0304	PYR RESPONSIB AND INSURED GRP NAME NOT COMPATIBLE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0315	HSN PARTIAL CLM PAT RESPONSIBILITY AMT NOT PRESENT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0320	INVALID TOB FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0339	REVENUE CODE IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0340	REVENUE CODE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0343	CERTIFICATION CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0347	PAYER PRIOR PAYMENT IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0350	NO. OF DETAILS NOT EQUAL TO SUBMITTED DETAIL COUNT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0355	FIFTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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0356	SIXTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0357	SEVENTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0358	EIGHTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0359	NINTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0360	TENTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0361	ELEVENTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0362	TWELFTH DIAGNOSIS CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0363	PRINCIPAL ICD9 PROCEDURE CODE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0365	PRINCIPAL PROCEDURE DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0366	FIRST OTHER PROCEDURE CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0368	FIRST OTHER PROCEDURE DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0369	SECOND OTHER PROCEDURE CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0371	SECOND OTHER PROCEDURE DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0372	THIRD OTHER PROCEDURE CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0375	FOURTH OTHER PROCEDURE CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

The following changes were incorporated into the MassHealth CARC/RARC list dated 05/01/2018 (based upon the February 1, 2018 CAQH Core Code Combination change log)

EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUSTMENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
0378	FIFTH OTHER PROCEDURE CODE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0382	ATTENDING PHYSICIAN ID INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0383	FIRST OTHER PHYSICIAN ID INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0389	REVENUE CODE REQUIRES A CORRESPONDING HCPCS/CPT4	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M20	MISSING/INCOMPLETE/INVALID HCPCS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0391	MEDICARE DEDUCTIBLE AMOUNT MISSING-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0392	MEDICARE PAID AMOUNT NOT NUMERIC-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0393	MEDICARE DEDUCTIBLE AMOUNT MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0394	MEDICARE CO-INSURANCE AMOUNT MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0396	HEADER STATEMENT COVERS PERIOD "FROM" DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0397	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0398	STATEMENT COVERS PERIOD "THROUGH" DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0400	DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0401	PRESENT ON ADMISSION INDICATOR MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0402	PRESENT ON ADMISSION INDICATOR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0403	PRESENT ON ADMISSION IND PRESENT WHERE NOT ALLOWED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0410	MEDICARE DENIAL ON CROSSOVER CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N8	CROSSOVER CLAIM DENIED BY PREVIOUS PAYER AND COMPLETE CLAIM DATA NOT FORWARDED. RESUBMIT THIS CLAIM TO THIS PAYER TO PROVIDE ADEQUATE DATA FOR ADJUDICATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0427	ACCIDENT DATE INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N305	MISSING/INCOMPLETE/INVALID INJURY/ACCIDENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0431	DEDUCTIBLE AMOUNT INVALID-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0432	COINSURANCE AMOUNT INVALID-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0433	MEDICARE DEDUCTIBLE AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0434	MEDICARE COINSURANCE AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0436	TOTAL MEDICARE ALLOWED AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0437	MEDICARE PSYCH ADJUSTMENT AMOUNT INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0438	TOTAL MEDICARE ALLOWED AMOUNT INVALID-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0439	PSYCH ADJUSTMENT (PR122) AMOUNT INVALID-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID P	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0442	MEDICARE PAID AMOUNT NOT NUMERIC-HEADER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0443	MEDICARE PAID AMOUNT NOT NUMERIC-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0450	INVALID QUADRANT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0452	DTL RENDERING/PERFORMING PROVIDER SERV LOC MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0453	HDR RENDERING/PERFORMING PROVIDER SERV LOC MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0456	INVALID PROCEDURE TYPE ACC. TO PROCEDURE QUALIFIER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0457	INVALID PRINCIPAL/OTHER PROCEDURE TYPE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0458	DIAGNOSIS CODE 10 - 24 INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0459	DETAIL DIAGNOSIS TREATMENT INDICATOR INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N755	MISSING/INCOMPLETE/INVALID ICD INDICATOR.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0461	VALUE CODE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0462	VALUE CODE AMOUNT IS MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0463	VALUE CODE AMOUNT IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0471	CONDITION CODE 8-24 INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0473	ICD9 PROCEDURE 7-24 INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0474	ICD-9 PROCEDURE 7-24 OR DATE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N302	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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0475	ICD9 PROCEDURE 7-24 DATE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N302	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0476	DETAIL ATTENDING PHYSICIAN ID IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0477	DETAIL FIRST "OTHER PHYSICIAN" ID IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0478	0478-BILL CPT CODES TO MASSHEALTH ON CMS 1500 FORM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0481	MLOA DAYS GREATER THAN HEADER DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0484	LOA OSC DATES CANNOT SPAN ACROSS DIFFERENT MONTHS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0485	TO DATE IS LESS THAN FROM DATE FOR OCCUR SPAN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0486	MLOA DAYS AND DAYS BETWEEN FROM AND TO DOS NOT EQUAL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0487	NMLOA DAYS AND DAYS BETWEEN FROM AND TO DOS NOT SAME	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0488	MLOA OSC DAYS SPANNED > DETAIL FROM AND TO DOS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0489	THE OCCURRENCE SPAN FROM DATE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0490	THE OCCURRENCE SPAN TO DATE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0491	DIFFERENT MLOA DAYS CANNOT OVERLAP FROM AND TO DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0492	DIFFERENT NMLOA DAYS CANT OVERLAP FROM AND TO DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0493	MLOA AND NMLOA DAYS CANT OVERLAP FROM AND TO DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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0494	OCCURRENCE SPAN LOA DATES NOT WITHIN CLAIM DATES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0496	OCCURRENCE SPAN FROM DATE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0497	OCCURRENCE SPAN TO DATE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0498	THE OCCURRENCE CODE IS INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	M46	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0500	DATE PRESCRIBED AFTER BILLING DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0503	DATE DISPENSED AFTER BILLING DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0506	ICN DATE PRIOR TO DATE BILLED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0507	THE DETAIL "FROM" DATE IS AFTER THE "TO" DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0508	TOTAL CHARGE DOES NOT EQUAL THE SUM OF ALL DETAILS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0514	HEADER THRU DATE OF SERVICE AFTER ICN DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0518	COVERED DAYS EXCEED STATEMENT PERIOD	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0519	ADMIT DATE IS AFTER STATEMENT PERIOD "FROM" DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0521	THROUGH DOS LATER THAN DISCHARGE DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0526	HEADER FROM DOS IS AFTER HEADER THROUGH DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0527	DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0529	SURGERY DATE IS BEFORE THE ADMIT DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0530	SURGERY DATE IS AFTER THE DISCHARGE DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0550	ADJUSTMENT FAILED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0551	DISPOSITION AMT FOR ADJUSTMENT IS LESS THAN ZERO	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0552	PROVIDER MAY NOT ADJUST GENERATED ATP/PAPE CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0554	HEADER BILLED DATE IS PRIOR TO DATES OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0561	INVALID AMOUNTS FOR CROSSOVER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0568	HEADER DISCHARGE DATE IS LESS THAN ADMIT DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0569	HDR DTE OF ACCIDENT GREATER THAN LAST DTE OF SERV	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N305	MISSING/INCOMPLETE/INVALID INJURY/ACCIDENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0570	HEADER TOTAL DAYS LESS THAN COVERED DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0571	DETAIL SURGICAL PROCEDURE MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0572	ROOM AND BOARD DAYS CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N153	MISSING/INCOMPLETE/INVALID ROOM AND BOARD RATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0575	SURGERY DATE CANNOT BE OUTSIDE HDR DATES OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0577	SERV DATES ARE NOT IN SAME MONTH-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0585	ADMIT DATE NOT EQ TO 1ST DATE OF SERV FOR REV/DIAG COMBINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0590	DAYS OVERLAPP FISCAL YEAR END/BEGIN DATES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0594	UNITS/DOS CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0599	ATTACHMENT CONTROL NUMBER MISSING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N753	MISSING/INCOMPLETE/INVALID ATTACHMENT CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0600	UNITS NOT EQUAL TO QUADRANTS BILLED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0601	TEETH NOT BILLABLE WITH QUADRANTS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0602	UNITS NOT EQUAL TO TEETH BILLED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0610	LOC NOT COMPATIBLE WITH LEAVE DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0619	INVALID TYPE OF CLAIM FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0621	MISSING/INVALID K3 SEGMENT FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0622	INVALID INSURED GROUP NAME/K3 RECORD TYPE FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0623	INVALID K3 REFERENCE ID FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0624	INVALID K3 TERMS DISCOUNT FOR HSN RECORD TYPE 06	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0626	INVALID INSURED GROUP NAME/K3 RECORD TYPE FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA48	MISSING/INCOMPLETE/INVALID NAME OR ADDRESS OF RESPONSIBLE PARTY OR PRIMARY PAYER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0629	INVALID K3 WRITE-OFF DATE FOR HSN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N229	INCOMPLETE/INVALID CONTRACT INDICATOR	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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0643	INVALID OTHER COVERAGE CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0701	NO PRIMARY SURGICAL PROCEDURE INDICATED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0799	INVALID DISPENSE STATUS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSE DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0800	HCPCS REQUIRES NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0810	INVALID SUBMITTER ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0811	INVALID SUBMITTER ID/BILLING PROVIDER COMBINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0812	NO PCC SELECTED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0814	HIC NUMBER NOT PRESENT ON CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0815	TYPE OF BILL MUST MATCH PATIENT STATUS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0816	DISALLOW ROOM AND BOARD FOR LATE CHARGES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0817	INVALID DISCHARGE DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0820	NDC GIVEN WITH NO/INVALID UNITS FOR HCPCS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0821	NDC GIVEN WITH NO/INVALID MEASUREMENT FOR HCPCS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0822	NDC GIVEN WITH NO/INVALID UNIT PRICE FOR HCPCS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0831	3M GRP - DIAGNOSIS CODE CANNOT BE USED AS PRINCIPAL DIAGNOSIS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0834	3M GRP - INVALID SEX	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0835	3M GRP - INVALID DISCHARGE STATUS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0836	3M GRP - INVALID BIRTH WEIGHT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0837	3M GRP - INVALID DISCHARGE AGE IN DAYS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0838	3M GRP - INVALID PRINCIPAL DIAGNOSIS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0839	3M GRP - GESTATIONAL AGE/BIRTH WEIGHT CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0862	EMERGENCY INDICATOR/POS MISMATCH	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0870	INVALID START/STOP TIME	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N443	MISSING/INCOMPLETE/INVALID TOTAL TIME OR BEGIN/END TIME.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0871	VOID / ORIGINAL \$ AMOUNT CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0872	MONTH/YEAR MISMATCH ON ADJUSTMENT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0875	PROCEDURE INVALID FOR COMPOUND DRUG	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0878	INVALID PRESCRIPTION QUALIFIER/ID COMBINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N668	INCOMPLETE/INVALID PRESCRIPTION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0888	DCN INVALID FOR ATTACHMENT CROSS-REFERENCE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0902	PROCEDURE CODE GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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0903	OCCURRENCE CODE GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0904	VALUE CODE GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0905	REVENUE CODE GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0907	ICD-9 PROCEDURE GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0909	PATIENT STATUS GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0914	TYPE OF BILL GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0917	PLACE OF SERVICE GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0918	MEMBER LOC GROUP EMPTY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA37	MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0930	2ND OCCURRENCE POSITION NOT = 22	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0931	2ND OCCURRENCE OCDE = 22 BUT AMOUNT = 0	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0932	2ND OCCURRENCE AMOUNT > 0 BUT OSC NOT 22	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0935	UB92 CLAIM BUT NO PATIENT ACCT NUMBER (MRN)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
0937	DETAIL CANNOT SPAN DATES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1001	COB-BENEFIT PLAN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1002	DTL PERFORMING PROVIDER NOT ELIGIBLE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUSTMENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
1007	DETAIL RENDERING PROVIDER I.D. NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1018	PROVIDER RATE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1019	NO PROVIDER LEVEL OF CARE RATE ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1020	ATTENDING PHYSICIAN ID NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1023	LEVEL OF CARE BILLED NOT ON FILE FOR THIS PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1024	BILLING PROVIDER NOT LISTED AS MEMBER LTC PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1026	PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1032	BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1036	RENDERING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1037	FACILITY PROVIDER NUMBER NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N293	MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1051	HEADER RENDERING PROVIDER ID NOT VALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1054	DETAIL ATTENDING PHYSICIAN ID NUMBER NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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1058	UNABLE TO CROSSWALK ATTENDING/OTHER1/OTHER2 MEDICARE PROVIDER ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1060	UNABLE TO CROSSWALK RENDERING MEDICARE PROVIDER ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N277	MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1062	UNABLE TO CROSSWALK DETAIL RENDERING MEDICARE PROV	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N277	MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1063	UNABLE TO CROSSWALK BILLING MEDICARE PROVIDER ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1066	BILLING PROVIDER NOT A VALID BILLER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1068	REFERRING PROVIDER REQUIRED FOR INDEPENDENT CERTIFICATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1073	BILLING PROVIDER OUT OF STATE CONTIGUOUS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1074	BILLING PROVIDER OUT OF STATE NON-CONTIGUOUS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1100	ADJUST: FORMER TCN INCORRECT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1101	INVALID ADJUSTMENT FORMER TCN	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1120	CLAIM REQUIRES DOCUMENTATION (CAF EDIT)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1123	CLAIM NOT LEGIBLE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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1126	CHARGES NOT ITEMIZED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1150	IDENTIFY/DESCRIBE PROCEDURE WHEN BILLING AN UNLISTED CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR AN UNLISTED PROCEDURE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1514	INCORRECT PROC CODE FOR SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1515	PROCEDURE CODE/ INVOICE CONFLICT (PHARM)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1516	INCORRECT REVENUE CODE FOR SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1528	MLOA DAYS NOT INDICATED ON CLAIM FORM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1530	INVALID PRESCRIBING PROVIDER TRANS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1801	NEED REFERRING PROVIDER FOR RADIOLOGY SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1804	DENY MEDICARE PART A INTERIM STAY CLAIMS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1806	CROSSOVER PRICING PERFORMED - HEADER (PAY)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1807	CROSSOVER PRICING PERFORMED - DETAIL (PAY)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1808	UNABLE TO PERFORM CROSSOVER PRICING - HEADER (DENY)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1809	UNABLE TO PERFORM CROSSOVER PRICING - DETAIL (DENY)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1900	INVALID TAXONOMY CODE - BILLING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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1901	INVALID TAXONOMY CODE-HEADER PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1906	INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - BILLING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1907	INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - HEADER PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1912	TAXONOMY CODE MISSING - BILLING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1913	TAXONOMY CODE MISSING - HEADER PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1919	INVALID TAXONOMY CODE - DETAIL PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1921	INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - DETAIL PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1925	TAXONOMY CODE MISSING - DETAIL PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1927	NPI REQUIRED HEALTHCARE=Y BILLING PROV	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1928	NPI REQUIRED HEALTHCARE=Y PERFORMING PROV	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1934	DTL NPI REQUIRED HEALTHCARE=Y PERFORMING PROVIDER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1936	INVALID BILLING PROVIDER SPECIFIED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1937	INVALID PERFORMING PROVIDER SPECIFIED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1943	INVALID DTL PERFORMING PROVIDER SPECIFIED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1954	BILLING PROV ID NOT NPI BUT THERE IS NPI ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS- INFORMATION WHICH IS- NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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1995	RENDER/DISPENS/PERFORM PROV ID IN OLD FORMAT - HDR	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1997	UNABLE TO POPULATE DTL PERFORMING PROV ID WITH HDR	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
1999	HEADER BILLING PROVIDER ID IN OLD FORMAT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2000	INVALID SEX	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2008	MEMBER LEVEL OF CARE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2009	ERROR WITH HSN ELIGIBILITY WEB SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2041	MEMBER# ON CLAIM AND PA MISMATCH	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2044	CLAIM INDICATES MEMBER EXPIRED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N330	MISSING/INCOMPLETE/INVALID PATIENT DEATH DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2051	MEMBER NOT CODED FOR LTC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2053	LTC/CASE MIX CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2055	SUPPLEMENTAL ADULT SERVICE/LTC RECIPIENT CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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2056	MEMBER NOT CODED FOR CASEMIX	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2512	DUPLICATE CAS AT HEADER AND DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2513	TPL ADJUDICATION DATE NOT PRESENT- DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2514	TPL ADJUDICATION DATE NOT PRESENT-HEADER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2516	MEDICAID IS ALWAYS FINAL PAYOR	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA64	OUR RECORDS INDICATE THAT WE SHOULD BE THE THIRD PAYER FOR THIS CLAIM. WE CANNOT PROCESS THIS CLAIM UNTIL WE HAVE RECEIVED PAYMENT-INFORMATION FROM THE PRIMARY AND SECONDARY PAYERS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2526	ZERO TPL AMOUNT AND NO ADJ RSN CODE - HEADER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2527	ZERO TPL AMOUNT AND NO ADJ RSN CODE-DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2529	TPL AT HEADER AND NOT AT DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2530	INVALID TPL CARRIER CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2533	CARRIER IS 000 AND TPL AMOUNT > 0 - HEADER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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2534	CARRIER IS 000 AND TPL AMOUNT > 0 -DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2535	INCORRECT TPL BILLING	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2536	MEDICARE# ON CLAIM/FILE CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2537	INVALID BUNDLED LINE NO ASSIGNED BY OTHER PAYER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2538	EOB DATE SHOULD EQUAL LAST DOS FOR O/R COB CLAIMS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2539	EOB DATE SHOULD EQUAL LAST DOS FOR O/R COB CLAIMS - DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2542	MEDICARE PAYMENT OR PATIENT RESPONSIBILITY IS > 0	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2545	HEADER AND DETAIL COB PAYMENTS DO NOT BALANCE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2546	DETAIL COB PAYMENTS DO NOT BALANCE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2547	HEADER COB PAYMENTS DO NOT BALANCE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2548	NON COVERED AMOUNT IS NOT EQUAL TO BILLED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2551	CLAIM HAS NON-COVERED AMOUNT, HDR IS NOT ELIGIBLE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2552	CROSSOVER CLAIM MISSING MEDICARE CARRIER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2555	INVALID FILING INDICATOR/CARRIER COMBINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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2558	OTHER PAYER DENIAL ARC IS NOT ON TABLE - HEADER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2559	OTHER PAYER DENIAL ARC IS NOT ON TABLE - DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2561	TPL DATA CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2563	DETAIL ADJUSTMENT REASON CODE IS NOT ON ARC XREF	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2564	MEMBER HAS MEDICARE SUPP INS DTL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2566	MEMBER HAS MEDICARE SUPPLEMENTAL INSURANCE- DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2567	INVALID SUBMITTER FOR COB CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N521	MISMATCH BETWEEN THE SUBMITTED PROVIDER INFORMATION AND THE PROVIDER INFORMATION STORED IN OUR SYSTEM.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2568	CLAIM HAS NON-COVERED AMOUNT, DETAIL IS NOT ELIGIBLE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2569	MEMBER HAS SELF-REPORTED OTHER INSURANCE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2583	NON COVERED AMT AND CAS PRESENT FOR PAYER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2585	EOB DATE AT HEADER AND DETAIL	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2610	NON-COVERED DAYS > 0	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED DAYS DURING THE BILLING PERIOD.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2805	MULTIPLE PPA SEGMENTS ON MEMBER FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG-TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3010	OUT OF STATE PROVIDER REQUIRES REVIEW	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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3023	INVALID RATE ID/PYMNT TYPE COMBINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3040	SURGERY/ASSIST USING SAME SERV PROVIDER NUMBER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3101	PA STATUS IS VOID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3105	MEMBER# ON CLAIM AND PA MISMATCH	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3106	SERV DATE BEFORE PA EFFECTIVE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3300	JCODE GIVEN WITH INVALID NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3301	LTC CLAIM REQUIRES A PATIENT LIABILITY AMOUNT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3302	UNABLE TO DETERMINE RATE ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3303	INVALID PROCEDURE/TOOTH SURFACE COMBINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3305	INVALID PATIENT PAY AMOUNT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3306	SPAD RATE NOT ALLOWED FOR TRANSFER PATIENT STATUS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3307	NO PATIENT LIABILITY ON FILE OR ON THE CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3314	POS INVALID FOR RADIOLOGY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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3327	TYPE OF BILL CANNOT BE CROSS WALKED TO A PLACE OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3335	NO VALID DERIVED RATE ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
3602	CLAIM AND EOB DIFFER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4002	NDC INDICATES A NON-COVERED DRUG ON DOS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4004	NDC NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4007	NON-COVERED NDC DUE TO CMS TERMINATION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4013	PROCEDURE CODE IS NOT COVERED FOR DATE OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4014	NO PRICING SEGMENT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4024	MAXIMUM NUMBER OF REFILLS HAS BEEN REACHED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4026	NDC VS. DAYS SUPPLY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4029	BENEFIT PLAN POS RESTRICTION ON DIAGNOSIS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4032	PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUSTMENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
4039	DIAGNOSIS CANNOT BE USED AS PRINCIPAL DIAGNOSIS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4041	SECONDARY DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4042	THIRD DIAGNOSIS CODE NOT ON FILE OR INACTIVE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4043	FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4045	REIMBURSEMENT RULE/BENEFIT PLAN RESTRICTION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4046	NO REIMBURSEMENT RULE FOR RATE ID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4048	SIXTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4049	SEVENTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4050	EIGHTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4051	NINTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4052	TENTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4053	PRINCIPAL PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4054	FIRST OTHER PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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4055	SECOND OTHER PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4056	THIRD OTHER PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4057	FOURTH OTHER PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4058	FIFTH OTHER PROCEDURE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4059	REVENUE CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4060	ELEVENTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4067	NON-COVERED ICD-9-CM PROCEDURE CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4068	REIMBURSEMENT RULE/PROV CONTRACT RESTRICTION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4069	REIMBURSEMENT RULE RESTRICTION ON DIAGNOSIS ROLE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4071	REIMBURSEMENT RULE PAYER RESTRICTION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4076	TWELFTH DIAGNOSIS CODE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4077	NON-COVERED REVENUE CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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4099	DRG NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N208	MISSING/INCOMPLETE/INVALID DRG CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4115	NO RBRVS CONVERSION FACTOR	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.			16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4117	ICD9 PROCEDURE IS NOT VALID FOR DATES OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4120	PROCEDURE CODE REQUIRES QUADRANT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4128	ICD9 PROCEDURE 7-24 NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4148	PERF PROV TYPE SPEC NOT VALID FOR CONTRACT-NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4153	PRIMARY NDC ON MEDICAL REVIEW FOR PROV. CONTRACT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4155	REIMBURSEMENT RULE POS RESTRICTION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4156	REIMBURSEMENT RULE PROV LOCAT RESTRICTION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4160	PROVIDER CONTRACT RESTRICTION FOR CONTRACT NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4164	INACTIVE DRUG	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4166	REIMBURSEMENT RULE MEMB LOCAT RESTRICTION	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4167	PROV CONTRACT UNIT RESTRICTION ON REVENUE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4171	UNITS BILLED LESS THAN ALLOWED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4207	CLIA NUMBER NOT ON FILE FOR DATES OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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4210	MILEAGE RATE NOT ON FILE FOR DATE OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4211	TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4214	SERVICE DATE PRIOR TO CLIA CERTIFICATION DATE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4215	CLIA NUMBER TERMINATED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4222	NDC REQUIRES REVIEW	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4231	MAXIMUM UNIT RESTRICTION FOR BILLED NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4232	MAXIMUM DAY RESTRICTION FOR BILLED NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4236	INVALID USE OF E DIAGNOSIS CODE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4246	ADJUSTMENT PAID AMOUNT EXCEEDS THE CASH RECEIPT BA	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4252	DX CODE 6-24 NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4258	SECONDARY DIAGNOSIS RESTRICTION FOR BILLED NDC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4260	MEMBER NOT CODED FOR LTC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4261	MEMBER NOT CODED FOR CASEMIX	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

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4317	PROVIDER CONTRACT ADMITTING DIAGNOSIS RESTRICTION ON ICD9	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4318	PROVIDER CONTRACT DETAIL DIAGNOSIS RESTRICTION ON ICD9	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4319	PROVIDER CONTRACT HEADER DIAGNOSIS RESTRICTION ON ICD9	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4363	PROVIDER CONTRACT TOB RESTRICTION ON DRG	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4364	PROVIDER CONTRACT TOB RESTRICTION ON ICD9 PROC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4723	BENEFIT PLAN DETAIL DIAGNOSIS RESTRICTION ON ICD9	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4730	REIMBURSEMENT RULE RESTRICTION ON DIAGNOSIS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4744	BENEFIT PLAN PRIMARY/SECONDARY DETAIL DIAGNOSIS RESTRICTION ON REVENUE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4751	PROVIDER CONTRACT TOB RESTRICTION ON REVENUE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4762	PROVIDER CONTRACT POS RESTRICTION ON ICD9 PROC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4821	BENEFIT PLAN POS RESTRICTION ON PROCEDURE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4825	MIXED HOLIDAY/WEEKEND/WEEKDAY DATES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4866	BENEFIT PLAN POS RESTRICTION ON REVENUE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4871	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON PROCEDURE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
4874	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON REVENUE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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4876	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON ICD9 PROC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6002	INVALID UNIT CODE FOR ANESTHESIA	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6011	UNABLE TO PRICE RBRVS	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6012	REND PROV ON B CLAIM - CONTRACT NOT FOUND	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6013	REND PROV ON B CLAIM - REIMBURS RULE NOT FOUND	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6014	REND PROV ON B CLAIM - PRICING/RATE TYP NOT FOUND	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6023	ATP PROCEDURE NOT ON MAX FEE TABLE (PROFESSIONAL)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6024	ATP PROCEDURE NOT ON MAX FEE TABLE (OUTPATIENT)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6025	ATP PROCEDURE NOT ON ATP CODE TABLE (PROFESSIONAL)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6026	ATP PROCEDURE NOT ON ATP CODE TABLE (OUTPATIENT)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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6030	PROVIDER PRICING METHOD NOT FOUND (OUTPATIENT)	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
6126	MODIFIER MANUALLY PRICED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7036	SUBMIT PAPER CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7101	MISSING PROCEDURE CODE REPROCESS AN ENCOUNTER LEVEL PAYMENT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7102	UNIQUE PRODUCT COULD NOT BE IDENTIFIED FOR CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7104	SHARE OF COST HAS NOT BEEN MET	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	-	-	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7105	RESUBMIT WITH D8999 FOR BAL AND LAST DATE ELIGIBLE.	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7111	MEMBER ADDRESS NOT FOUND	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA37	MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7112	INSURER NOT FOUND	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7114	INVALID OR UNREALISTIC DATE OF BIRTH	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N329	MISSING/INCOMPLETE/INVALID PATIENT BIRTH DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7121	INVALID DATE OF SERVICE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7715	FINAL EDIT LTC PROV/MEMBER CONFLICT	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7720	FINAL EDIT MEMBER NOT CODED FOR LTC	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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7725	FINAL EDIT MEMBER NOT CODED FOR CASE MIX	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
7736	FINAL EDIT - MEMBER LEVEL OF CARE NOT ON FILE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8108	PA REQUIRED FOR MONAURAL HEARING AIDS IF COSTS EXCEEDS \$550.00	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8109	PA IS REQUIRED FOR BINAURAL, CROS AND BICROS HEARING AIDS IF COSTS EXCEEDS \$1,1	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8144	NDC CODE - UNITS - & UNIT DESCRIPTOR REQUIRED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8158	THE SERVICE CANNOT BE BILLED ON A PROFESSIONAL CROSSOVER CLAIM	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8250	INVALID COMBINATION OF PROCEDURES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8252	INVALID COMBINATION OF PROCEDURES	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
8262	MUNI MEDICAID PROCS CONFLICT WITH THERAPY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
9002	PRICING METHOD MISSING/INVALID FOR CLAIM TYPE	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
9022		CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
9058	PAID FOR WRONG MEMBER	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A

CARCs and RARCs CHANGE LOG

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9059	PROVIDER BILLED SERVICE PRIOR TO SERVICE DATE/SERVICE NOT DELIVERED	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
9078	PROVIDER BILLED INCORRECTLY	CARC HAS BEEN MODIFIED.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).	N/A	N/A
2622	SERVICE NOT AUTHORIZED BY HMO	CARC HAS BEEN MODIFIED.	197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.	-	-	197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/ PRE-TREATMENT ABSENT.	N/A	N/A
3000	PER UNIT PRICE ON CLAIM DOES NOT MATCH PRIOR AUTHORIZATION	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3006	PA DOLLARS EXCEEDED	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3028	NOT ENOUGH UNITS ON PAS	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3029	MEMBER ID FOR CLAIM AND PAS DONT MATCH	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3030	ADMISSION DATE FOR CLAIM AND PAS DONT MATCH	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3107	SERV DATE AFTER PA EXPIRED	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3108	PA INSUFFICIENT AVAIL UNITS	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3109	PA UNITS PRESENTLY EXHAUSTED	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3110	PA EXHUSTED - CANNOT BE USED IN PRICING	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3122	NO MORE UNITS AVAILABLE ON REFERRAL	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3125	MEMBER IN CLAIM DOES NOT MATCH REFERRAL	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A
3126	SERVICE DATE IS OUTSIDE REFERRAL AUTHORIZATION	CARC HAS BEEN MODIFIED.	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.	198	PRECERTIFICATION/ NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.	N/A	N/A

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9966	PM:DENY-SERVICES NOT DOCUMENTED/SUPPORTED BY DOCUMENTATION	CARC HAS BEEN MODIFIED.	B12	SERVICE NOT DOCUMENTED- IN PATIENTS' MEDICAL- RECORDS.	-	-	B12	SERVICE S NOT DOCUMENTED IN PATIENTS' MEDICAL RECORDS.	N/A	N/A